ISDH HSP Non-Medical Case Management Service Standard

HRSA Service Definition:
Non-Medical Case Management Services (NMCM) is the provision of a range of client-centered activities focused on improving access to and retention in needed core medical and support services. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM Services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Children's Health Insurance Program, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication). Key activities include:
- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Client-specific advocacy and/or review of utilization of services
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems

Program Guidance:
NMCM Services have as their objective providing coordination, guidance and assistance in improving access to and retention in needed medical and support services to mitigate and eliminate barriers to HIV care services, whereas Medical Case Management Services have as their objective improving health care outcomes.

Key Services Components and Activities:
Key services components and activities are noted in the Service Standards below.

HSP Service Standards:

Standard	Documentation
1. Personnel Qualifications	
1. Services are provided by trained case managers known as non-medical case managers (NMCM) at Indiana State funded agencies 2. All Non-Medical Case Managers sanctioned by Indiana's HIV Non-Medical Case Management Program must possess the following qualifications: • A bachelor's or master's level degree in social work, sociology, psychology, counseling, nursing, or related field is preferred. Candidate with Non-Medical Case Management or client management experience of two years or more will also be considered as	1. Documentation of applicable experience and qualifications are in personnel files available for review at each funded agency

viable applicants. Candidates will also be considered with some college education if the earned credits are in human behavior, social policy, social welfare, or counseling • The Non-Medical Case Management program will offer continuing education opportunities to all hired Non-Medical Case Managers. It is expected that new Non-Medical Case Managers participate in those opportunities to continue education and gain the knowledge to better serve our HIV+ population	
2. Eligibility Criteria	
1. Subrecipients must have established criteria for the provision of non-medical case management services that includes, at minimum: 2. Eligibility verification consistent with recipient requirements: • Maintaining legal Indiana residency; • Proof of HIV status • Verifying Medicaid status • Confirming Federal Income Levels are under 300% per household size; and • Acknowledgement of payer of last resort checklist	1. Non-medical case managers must maintain up to date eligibility records for clients according to agency protocol and in any data system required by ISDH. 2. Service providers and sub-recipients must maintain documentation of current eligibility if providing HIV services reimbursable under the RWHAP Part B Program. • Acceptable documentation includes a current eligibility approval letter dated within 6 months of service provision. These letters may be accessed from the client's Non-medical case management, and includes effective and end dates of eligibility and those services for which the client may enroll. 3. Documentation must be made available for review by ISDH upon request.
3. Intake	
1. Client will be contacted within 72 hours of initial connection to schedule an intake with the first available appointment at selected agency 2. In the event of any delay to accessing care three reasonable attempts will be made to maintain communication with the client for the purpose of an intake into NMCM	1. Client record documentation includes evidence of consistent client contact and client eligibility documents 2. If applicable, evidence of referrals to or the provision of supportive services to maintain client engagement may be included in client record
4. Assessment	
1. Clients receive initial screening to determine needs. The initial screening can be done by a trained Linkage to Care Staff, or a Non-Medical Case Manager to talk with the client and determine needs and	1. Documentation of engaging in non-medical case management services are to be documented in the client record

make official intake appointment. After initial screening the non-medical case manager will conduct the intake and determine whether the client will be an active (high) need client or a maintenance (low) need client. The NMCM will use the Indiana State Department of Health Acuity tool to make this determination as well as have the client sign the following: • Release of information • Informed Participation Agreement • Client Conduct Statement • Agency Specific Forms 2. Any clients requiring "additional services" receive an assessment that includes: • Evaluation of client's insurance needs, related to the ability to gain or maintain access to HIV-related medical care and medications, and stay adherent to treatment regimens • Oral health care needs • Evaluation of housing, with plans to alleviate homelessness • Mental health/psychosocial needs • Substance abuse needs • Legal needs • Supportive services including but not limited to: transportation, food needs, finance, and housing needs	
5. Service Delivery	
1. Non-medical case managers will create a Plan of Care that supports stable tracking of the client's time in NMCM that includes: • Facilitating access to both public and private programs; such as Medicaid, Medicare (all parts), HIV Services Program (HSP), and other state and local healthcare and supportive services. • Referrals and application to housing support systems, including Housing Opportunities for Persons with AIDS (HOPWA), if appropriate. • Referrals to mental health providers, and substance use providers and programs • Referrals to any other outside consumer service need	1. Documentation of dated plan or care in current case management data system 2. Documentation that POC is updated at least annually 3. Signed consumer forms showing participation in non-medical case management 4. Up to date notes from each consumer meeting in the current case management data collection system

• All types of encounters and communications (face to face) 2. Plan of Care will be updated annually, or sooner if change in client situation warrants reassessment	
3.	5.
6. Discharge	
1. Clients will continue in the non-medical case management until they identify self-sufficiency or the NMCM graduates the client. Self Sufficient clients will maintain an acuity score less than five for two consecutive six month recertification visits, or self-identify that they are no longer benefiting from the Non-Medical Case Management Program 2. The discharge plan should include the reason for discharge, referrals made during the transition, and all up to date contact information for the client for records and re-engagement purposes	

Subservices:
- Case Management (non-medical)- Initial Visit
- Case Management (non-medical)- Follow-up visit
- Case Management (non-medical)- Discharge visit

Service Unit Definition:
- Unit = 1 visit